LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES
February 9, 2006

MEMBERS PRESENT	MEMBERS PRESENT *(cont.)*	PUBLIC	HIV/EPI AND OAPP STAFF
Carla Bailey, *Co-Chair*	Angelica Palmeros	Cinderella Barrios-Cernik	Chi-Wai Au
Anthony Braswell, *Co- Chair*	Gloria Pérez/Terry Goddard	Gilbert Bazan	Kyle Baker
Daisy Aguirre	Wendy Schwartz	Donna Brown	Mario Pérez
Al Ballesteros	Andrew Signey	Genevieve Clavreul	Jacqueline Rurangirwa
Carrie Broadus	James Skinner/Susan McGinnis	Ric Coya	William Strain
Robert Butler/Gary Vrooman	Kathy Watt	Judy Dechabert	Gloria Traylor-Young
Charles Carter	Fariba Younai	Susan Forrest	Diana Vasquez
Mario Chavez		Shawn Griffin	Lanet Williams
Alicia Crews-Rhoden		Miki Jackson	
Nettie DeAugustine		Audrae Jones	
Whitney Engeran	**MEMBERS ABSENT**	Nawoe Morris	
Hugo Farias		Corey Peters	**COMMISSION STAFF/CONSULTANTS**
Douglas Frye	Ruben Acosta	Rick Plati	
David Giugni	Adrian Aguilar	James Smith	Mario Almanza
Jeffrey Goodman	William Fuentes	Nick Truong	Virginia Bonila
John Griggs	Elizabeth Gomez	Violet Varona-Lukens	Jane Nachazel
Richard Hamilton	Jan King	Chris Ville	Glenda Pinney
Marcy Kaplan	Jonathan Stockton	Walter Ward	Elizabeth Ramos
Brad Land/Dean Page	Peg Taylor	Vanessa Watlay	Doris Reed
Kevin Lewis	Jocelyn Woodward	Patricia Woody	James Stewart
Anna Long		Rocio Young	Craig Vincent-Jones
Davyd McCoy			Nicole Werner
Ruel Nolledo			
Quentin O'Brien			
Everardo Orozco			

I. CALL TO ORDER: Ms. Bailey called the meeting to order at 9:30 am.
A. Roll Call: Mr. Vincent-Jones called the role and confirmed quorum.

II. APPROVAL OF AGENDA: Ms. Bailey presented the Agenda.
MOTION #1: Approve the agenda order, with Commission Comment moved prior to the Agenda and possible delay of the OAPP Report pending arrival of reporting staff ***(Passed by Consensus)***.

III. APPROVAL OF MEETING MINUTES:

A. January 12, 2006:

- Ms. Broadus asked for clarification on the process for revising minutes. Mr. Vincent-Jones replied that revisions are noted in the minutes of the meeting at which the revision(s) was requested and the revision(s) is then made in the minutes to which it(they) apply.
- Mr. Vincent-Jones noted that the vote tallies for the January 12th minutes were incorrect and would be revised.

MOTION #2: Approve the minutes from the January 12, 2006 Commission on HIV meeting with corrections as noted ***(Passed by Consensus)***.

IV. PARLIAMENTARY TRAINING:

A. Co-Chairs/Leadership Training: Mr. Stewart reminded everyone that following the Executive Committee meeting on February 27, 2006, there will be a special training for the Commission and Committee Co-Chairs. While much of the information will be the same as previously presented to the body, the emphasis will be on a chairperson's role in a meeting. All co-chairs should attend. Lunch will be served.

V. PUBLIC COMMENT, NON-AGENDIZED:

- Ms. Jackson called attention to a community open house on February 10th, from 2:00 to 5:00 p.m., at the Carl Bean AIDS Care Center, 2146 West Adams Boulevard, Los Angeles. The AHF Magic Johnson Jr. Clinic is also there. She said that the information that had been disseminated had been inaccurate and only counted five hospice patients for the year despite the actual 7,588 bed days. She noted that the average hospice patient stays 64.5 days. She noted it was a 25-bed facility and the only one with 24/7 nursing care. Three kinds of patients are served: hospice, skilled nursing and Directly Observed Therapy (DOT). The facility serves the sickest of the sick with the fewest resources. She added that nursing homes are not equipped to handle these patients, which was, in fact, the genesis of the hospice movement early in the epidemic.
- Mr. Orozco said he visited in December and found good care, though many patients lacked visitors and were lonely.
- Mr. Land asked how many people transition from the Carl Bean Center back to home or other such situations. Ms. Jackson said she would check on that for him.
- Mr. Hamilton asked if the Carl Bean Center comments had a purpose beyond information on the open house, for example, a letter of support. Mr. Engeran noted the Commission could not address any positive action without formally addressing the issue but, rather, could accept the information as education. Ms. Jackson said she was speaking both to invite people to the open house and to correct misinformation.
- Dr. Clavreul noted there was an ordinance some time ago to split the Commission from OAPP. At the same time, there was a request for an MOU between the Commission and OAPP. She requested an update on the MOU status. She said she was also interested in participating in any meetings pertaining to it. Mr. Vincent-Jones replied that the last meeting had been held the prior week. The Commission's final draft should be finished within the forthcoming week. It will then be forwarded to OAPP for comment. Once OAPP comments are received, the document will be finalized. Ms. Clavreul requested a copy of the draft.

VI. COMMISSION COMMENT, NON-AGENDIZED:

- Violet Varona-Lukens, Executive Officer of Board of Supervisors, is retiring after 38 years with Los Angeles County. Mr. Braswell thanked her for her key role in the transition of the Commission from the Department of Health Services to the Board of Supervisors. The Commission applauded in appreciation and flowers were presented. Mr. Vincent-Jones underscored the critical role played by the Executive Office in the transition. He said without their assistance, the transition would not have been possible. Ms. Varona-Lukens said she has enjoyed her time with the County, and commended Commissioners and staff for all their work.
- Mr. Page said he wanted the record to reflect his concern that meetings start on time. He noted it is a particular hardship for those living at a distance to plan to arrive on time only for the meeting to be delayed by others.
- Mr. Braswell noted this was the fourth meeting with a 9:00 a.m. start time and the agenda had been distributed, yet several people expressed surprise that the meeting was not scheduled to start at 9:30 a.m.. Mr. Vincent-Jones commented that, when the meeting was scheduled at 9:30 it normally did not start until 10:00, so the half-hour delay is not a new problem.

- Mr. Engeran suggested meetings begin on time, even if lacking a quorum for actual votes. Mr. Vincent-Jones noted presentations are often at the top of the agenda and latecomers would miss them if meetings started on time regardless of attendance, and that it is not necessarily welcoming to presenters to have only a small portion of the actual Commissioners present. Ms. Watt felt that starting without quorum projected a message of permission to be late, since the meeting was not being held for one's arrival. She was also concerned latecomers would expect previous discussions to be reviewed.
- After further discussion, it was agreed to keep the start time at 9:00 a.m. due to the amount of material that needed to come forward to the Commission.

VII. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no comments.

VIII. CO-CHAIRS' REPORT:.

A. Ad Hoc Strategic Planning Committee: Ms. Watt, Co-Chair, reported that the Committee felt it had completed the work with which it was charged. Any further work could be merged back into the originating P&P Committee. As a result, the Ad Hoc Strategic Planning Committee could be disbanded. She also noted that it was important to stay attentive to the original mission of Ad Hoc Committees and their limited timeframes.

MOTION #3: Dissolve the Ad Hoc Strategic Planning Committee and move remaining responsibilities to the Priorities and Planning Committee ***(Passed by Consensus)***.

B. All-day March Commission Meeting: Ms. Bailey said the March meeting needed to be extended in order to accommodate discussions on Needs Assessment, Service Category Summary Sheets, Priority-Setting, the Dymally Corrections bill and Quality Management. Mr. Vincent-Jones added that the specific schedule had not yet been finalized, but experience dictated that that the Priority-Setting subjects alone have required all-day meetings in the past. Lunch would be served.

MOTION #4: Extend the March 9, 2006 Commission meeting to a full-day meeting ***(Passed on Roll Call*: 18 ayes; 5 opposed; 1 abstention)**.

IX. EXECUTIVE DIRECTOR'S REPORT: Mr. Vincent-Jones had nothing additional to report.

X. PREVENTION PLANNING COMMITTEE (PPC) REPORT: Mr. Giugni and Ms. Watt reported on the PPC Annual Meeting, January 19-20, 2006, and the regular February meeting.:

- Dena Sites, a research scientist with the State Office of AIDS, reported.
- Jeff Bailey led a discussion on prevention issues, after which the PPC prioritized issues.
- Michael Green led a discussion on the current prevention environment.
- Ms. Watt presented on the role of prevention in care and treatment.
- Following the presentations, the PPC broke into committees to develop work plans for the next year.
- They thanked Ms. Bailey, Mr. Braswell and Mr. Vincent-Jones for their participation.
- The February meeting was held with a short colloquia followed by committee break-outs to finalize the work plans.
- New member orientation was held February 3rd, with APAIT hosting.
- A primary focus of the PPC is to recruit more youth. Ms. Watt said they had had good youth participation for the last few years, but the individuals have aged out of the demographic. She said the PPC would welcome recommendations. Some meetings are being considered on nights or weekends to enhance involvement.

XI. TASK FORCE REPORTS:

A. Commission Task Forces:

- Mr. Vincent-Jones reported that the Cross-Title Collaboration has been discontinued due to lack of interest based on a membership survey at the end of 2005. Of 21 surveys distributed, only five were returned. Of those returned, four were in favor of continuing but, with the majority not responding at all, it was decided to discontinue the effort. He reported that the Collaborative has generated significant recommendations, so it is sad to see it end. Follow-up will continue on the recommendations made but, considering the expense of the endeavor, it did not seem prudent to continue at this time without the commitment of all the local CARE Act grantees. Perhaps, at another time, there will be sufficient interest to reinvigorate it.
- The Health Systems Task Force (HSTF) has been rescheduled for February 22, 2006, 2:00 to 4:30 p.m. Ms. Broadus noted she had had a question about the group because it lacked participation from organizations focused on women. Mr. Vincent-Jones responded that he and the co-chairs intended to talk with her about those concerns.

B. Community Task Forces: There were no reports.

XII. STATE OFFICE OF AIDS REPORT: Ms. Taylor was not in attendance to provide a report. Mr. Page noted there had been a lack of State representation since the prior Commissioner retired. Mr. Vincent-Jones agreed and said they would plan to send a letter requesting more active participation from the State. The State representative had not attended in the four months since her appointment.

XIII. HIV EPIDEMIOLOGY PROGRAM REPORT:

- Dr. Frye reported that cumulative AIDS cases are 50,373, and there are 20,558 PLWAs in the County. Cumulative deaths are 29,815, with about 500 to 600 deaths per year.
- HIV cases reported by code total 14,988, with 1,600 to 1,900 diagnosed per year. There are about 12,000 laboratory reports that need to be followed-up. A transition plan to names-based reporting is being developed in the event that the legislation for the change is approved. Any transition plan must be approved by the CDC before implementation.

XIV. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- Mr. Pérez noted that February 7th was National Black Awareness AIDS Day. He thanked Mr. Hamilton, of the local NMAC Committee, for his leadership in developing activities to raise HIV/AIDS awareness, particularly in the African-American community which is the most disproportionately affected.
- He confirmed that OAPP will work diligently with the Commission to finalize the MOU.
- There is a rumor that the Title I award has been finalized. OAPP is attempting to find out more information.
- He noted that some people may have heard there will be a change in SPA 3 food service delivery partners. OAPP has been working hard to identify a provider to ensure there will be no disruption in food delivery services for residents. There has been more focus on the food issue than on the health education/risk reduction issue and no disruption is anticipated.
- OAPP staff would be going to Washington, DC for a series of key meetings on CARE Act Reauthorization. They will be reminding Congressional partners of the need to ensure as little harm to the Los Angeles EMA as possible.
- Regarding the rate study, it is OAPP's intention to offer a review period as was done with Substance Abuse and Residential rate studies. There were few comments regarding those rate studies, but it is both hoped and anticipated that there will be significant comment on the Medical Outpatient rate study. Mr. Pérez encouraged Commissioners to review both the methodology and service description. He felt Commission endorsement would be important. Mr. Vincent-Jones clarifed that the Commission had asked for a 90-day review period and Dr. Schunhoff agreed to a "longer than 30-day review period".
- Mr. Pérez recommended another round of Medicare Part D trainings based on what has evolved in the last few weeks. OAPP has committed to continued partnership with LAGLC, APLA, Bienestar and the AIDS Institute, who will be hosting a training on February 16th. Dr. King and Ms. Vasquez will be involved. In light of the Commission's recommendation to consider expanding the Local Pharmacy Program formulary, a pharmacy study is being conducted by OAPP to ascertain if there are non-prescription drug plan medications that are not being covered. He will provide updates as the study proceeds.
- Mr. Pérez acknowledged Ms. Kaplan for her decade-plus service to the local HIV/AIDS response. He especially honored her service on behalf of women, children and families affected by HIV.
- Ms. Broadus requested clarification of the percentage of women testing HIV+ who do not fall into behavioral risk groups. She remembered the percentage of African-American and Latino women testing HIV+, but not falling into a behavioral risk group, as 25%. Mr. Perez answered that, of all people testing HIV+ in Los Angeles County, women make up a small proportion at about a seven (men) to one (woman) ratio. The prevalence of HIV in all women in the County is low, at one HIV+ woman per every 200 to 250 women, compared to men. The low prevalence makes it harder to target the most at-risk women. Even so, of those women testing HIV+, 40% to 60% have no identified risk for HIV infection. That creates a challenge for the current model of behavioral risk group testing. He confirmed commitment to the issue and added he would be meeting with the State Office of AIDS on February 23rd in Emoryville to discuss how to better target testing statewide. He believes the outcome will be to weigh geography and race/ethnicity more heavily in counseling and testing programs.
- Ms. Broadus said Women Alive's health education/risk reduction programs have influenced the organization to consider universal testing more effective, since risks are often difficult to properly identify. Testing groups with known risks is a self-fulfilling data exercise. With the bulk of prevention testing dollars targeted to men and women being turned away from testing because they did not fit a BRG, prevalence rates may be skewed, she claimed. Routine testing could capture those women. She asked if the discussion with the State would consider routine, as opposed to, targeted testing.
- Mr. Pérez replied that the goal he will bring to discussions with the State is to enhance the high risk category to include women who live in a specific geographic area. He hopes that soon the County's "high risk" definition will be expanded to MSM, MSM/W, IDU, transgenders, MSM/IDU, female IDUs and "women of color who live in specified SPAs or zip codes."

- Ms. Broadus, who noted that Women Alive does not have a counseling and testing contract, asked if the counseling and testing contracts would be modified once such a change is made. Mr. Pérez answered there would be the appropriate adjustments and provider education.
- Ms. DeAugustine noted that Long Beach has also been speaking with the State on the issue of women's needs. She said women often have better primary medical care than men. That makes it important to educate primary physicians to ask about sexual activity and to do more testing. Ms. Broadus thanked Ms. DeAugustine for her comments supporting more women's testing through primary care venues, but noted that there will need to be much better physician education for that to be effective.
- Mr. Land asked where the BRG current model came from. Mr. Pérez replied that the basis for reimbursement for most testing in California is based on a "fee-for-service and risk structure" model developed by the State. The State developed the model for the CDC. OAPP is seeking to have some of the low-risk people re-defined as high risk.
- Ms. Watt said these issues were a key part of the PPC's two-day meeting. Last year's testing week showed some new trends that the PPC has been closely following. She added that the PPC is very open to modifying the "high risk" category.
- Mr. McCoy noted that the San Fernando and Antelope Valley cultures differ from more urban areas used to develop BRG profiles. Many women, believing they are in monogamous relationships, have no perception of risk.
- Mr. Orozco said he had friend, previously with Kaiser, lost infusion coverage pursuant to a coverage change in December. Mr. Pérez said he would assist him privately after the meeting.
- Mr. Hamilton thanked Mr. Pérez for his comments in support of National Black HIV/AIDS Awareness Day. He underscored the information that the most disproportionately affected community in the County is African-American. He noted that there had been a men's empowerment breakfast on February 4th. Attendance was 160, of which 40 people were tested and 3 were HIV+ (2 men and 1 woman). Mr. Hamilton noted that his agency, Minority AIDS Project, was the lead agency for the event and is especially geared to testing MSM and MSMW. The County was also there to provide testing and, he felt, helped reach the woman who tested HIV+. Mr. Hamilton said it was very important to review how people are targeted and tested, and how the community is educated, in order to best get people into care.

XVI. STANDING COMMITTEE REPORTS:

A. Standards of Care (SOC) Committee: Dr. Younai began by expressing appreciation for Mr. Braswell's contributions as Committee Co-Chair. As he moves to Commission Co-Chair, his contributions as SOC Co-Chair will be missed, though he will continue to participate on the Committee.

- Ms. Broadus complemented the SOC on their work, but felt the public comment period was too brief. She noted that most groups like the Service Provider Networks (SPNs) Consumer Advisory Boards (CABs) and task forces only meet monthly. That does not provide enough time for them to receive, consider and provide feedback on a standard introduced at one Commission meeting and approved at the next. With the significant work involved in development of a standard, she felt more time should be provided for feedback.
- Dr. Younai replied that the expert panels are designed to include as many perspectives as possible. The schedule was designed to ensure baseline standards were developed for all the services without getting bogged down along the way in red tape. There have been few problems to date in meeting the schedule deadlines. In those few instances where comments have been more extensive, additional meetings were scheduled to review them.
- Mr. Vincent-Jones noted that expert panels are drawn from a prospect list developed to ensure representation in multiple areas, such as: geographic, racial, ethnic, gender, providers and consumers. The timeline is driven by the Commission meeting schedule since things must be introduced and, later, voted on. The public comment period is 20 days to allow the Committee and consultant to incorporate comments into the standard before it is brought back to the Commission. Lengthening the period would literally double the time required to complete this first baseline set of standards from under one-and-a-half to three years. The schedule is published regularly so the community can be aware of upcoming subjects. Providers can comment through their SPNs or individually. Even duplicative comments are valued since they provide the Committee with a bellwether of concern on the subject.
- Mr. Engeran said better communication with the SPNs might be helpful. For example, a reminder could be sent to SPNs when standards are planned for introduction. It might also be possible to work with schedules to lengthen the comment period to an intermediate length like 39 days. Mr. Vincent-Jones remarked that even an intermediate public comment period, due to the time needed to incorporate comments, would result in doubling the process timeline.
- Mr. Braswell agreed that it is always beneficial to enhance communication to better draw people into the process. He disagreed with extending the comment period. At this point, people interested in standards already approved could consider it unfair for others to have a longer review time.

- Ms. Broadus said that, while individual comments can be valuable, she is concerned that SPNs also need to build skills in collective decision-making where people learn to negotiate and balance each other's needs. Any support the SOC can provide to that process will be welcomed.
- Mr. Page felt that CABs should be more involved as well since consumers are the true experts. Mr. Braswell noted "experts" are considered to be anyone with pertinent experience, the definition certainly pertains to consumers. He added that consumers are recruited for the panels.
- Mr. Hamilton said he recalled a discussion last month about the need for speedier dissemination of information to SPNs. Mr. Vincent-Jones replied that last month one group requested electronic dissemination. Staff agreed to make every effort to send them material in a timely manner, but engineering the electronic communications will take time as the Commission continues to be challenged by its computer systems. Mr. Vincent-Jones said staff is pleased to facilitate communication, but would like a better idea of how the Commission would like that addressed. For example, email updates can be sent once a month. He did note, however, that each SPA has both SPN and consumer representatives at the table who should be bringing information back to their respective areas, and there was nothing preventing the SPNs and CABs convening special meetings to consider various standards.

1. ***Residential, Permanent Standards of Care**:* Dr. Younai noted the PowerPoint presentation highlights modifications made pursuant to public comment.
   - The recommendation to discontinue use of the term "homelessness" was rejected since the definition is utilized elsewehere in the standard.
   - Language was improved to reinforce that it is always a client's choice to remain in a program.
   - While it was suggested that specific governance requirements be specified, including over facility maintenance, it was agreed to put the subject in the parking lot.
   - Regarding concerns about determining the "unsuitability" of a client, it was decided to retain the language because providers do need the ability to make determinations pertinent to their facilities. Leeway is maintained in the standards for decisions to be made between the landlord and potential client.
   - Regarding pets, while their importance to some clients is acknowledged, this is another decision that needs to be determined between the landlord and potential client. It has also been placed in the parking lot for future review.
   - Mr. Goodman said he had been extraordinarily impressed with the standards process and privileged to participate in two expert panels. He has been impressed by the ability to balance the needs of consumers and providers. This standard is unique in that HRSA does not fund permanent housing. Even so, the standard may affect HOPWA and other possible future funding. Unfortunately, he felt it fell short by offering too much leeway for the provider. In his experience, there is broad variance in provider determinations of suitability, which work to the detriment of consumers in both access and acceptance of pets. He commented that he would not be able to vote in favor of the standard.
   - Mr. Giugni asked for more clarification on the decision not to impose more specific standards regarding the suitability and pet issues. Dr. Younai said there was extensive discussion on the subjects, but it is very difficult to develop specific guidelines for the wide variety of circumstances that occur. If the Commission chooses to develop specific criteria, it would be necessary to reconvene the expert panel in order to review the large number of variables in those two subject areas. Mr. Braswell noted the Committee discussions on these areas consumed at least half an hour, not to mention what the expert review panels devoted to it. He added that a written comment from a consumer requested criteria be stricter to protect tenants. In the end, it was decided that the best balance was achieved through the provider/client relationship.
   - Ms. DeAugustine noted the difficulty in striking a balance. For example, while some clients may be discouraged if pets are restricted, others may be discouraged if pets are present. She said there should be some form of grievance procedure for consumers. Dr. Younai said a grievance procedure to address the complete set of standards will be developed once all the standards are finalized.
   - Mr. Engeran noted the various cities in the County have their own ordinances. The Commission, he felt, should focus on those areas specific to the Commission's charge.
   - Mr. Vincent-Jones noted that a key purpose of this standard, which does not address a service funded by HRSA, is to initiate the process of working with other permanent housing funding streams (namely HOPWA) towards mutually agreed upon service delivery. The process helps the Commission to identify those services for which it should be paying versus those services for which other funding streams should be paying. While this standard cannot be binding on other funding streams, it becomes a starting point for discussion.
   - Ms. Watt noted that it also becomes an educational tool for providers. Working with substance abusers, HIV+ or not, she finds some 80% have a criminal record which impacts housing availability.

- Ms. Broadus said it was important to remember that these providers are also business people who have to follow a wide range of laws regarding discrimination in housing. She noted that few providers were willing to deal with Section 8 twenty years ago. Since then, willingness to accept Section 8 improved, then declined again. She feels the fluctuations are market-based. If restrictions become too odorous for providers, availability will decline. She supported Mr. Vincent-Jones' approach of using the standard to open a dialogue to address Commission concerns. Even federal laws are involved, because they prohibit people with a criminal record from receiving any form of federal assistance.
- Mr. Land said the Los Angeles County Housing Authority held a meeting on housing issues. One presenter noted that County housing requires an average income of about $22 dollars per hour. Mr. Land said studying such issues reinforces the need to address share-of-cost and cost-of-living concerns.
- Mr. Braswell added that meticulous staff notes track discussions like this to inform future discussions.

MOTION #5: Adopt the Residential, Permanent Standards of Care, as revised and presented **(*Passed on Roll Call:* 25 ayes; 2 noes; 2 abstentions)**.

2. ***Residential, Transitional Standards of Care***: Mr. Braswell noted the PowerPoint presentation highlights modifications made pursuant to public comment.
   - There were very good comments received regarding housing opportunities for transgendered individuals. Housing presents special concerns for the transgendered. While physical alterations of some facilities could be valuable, the Committee felt it was not reasonable to require providers to make such alterations considering the reality of funding. On the other hand, the Committee affirmed that providers should accommodate transgenders appropriately and that both OAPP and the Committee should continue to monitor the situation.
   - Ms. Watt suggested that working with the State Alcohol and Drug Program Office would be helpful, since their rules require housing by physical characteristics rather than self-perception.
   - There was a recommendation to expand eligibility from residents of the County to include those planning to move here. That eligibility change is, however, prohibited both by HRSA and the BOS. He noted that there are other ways to accommodate clients in those particular situations.
   - The Committee accepted a recommendation to clarify the process regarding ongoing residency and placement for clients in residential care facilities for the chronically ill whose conditions are improving or stable. Such clients may benefit by transitioning to a different facility or situation with less intensive, more cost effective care. The Committee felt it was important to outline the factors in that process and that future standards should address the issue in greater depth. It is anticipated that the subject will gain greater importance as treatments evolve. It was agreed that OAPP should monitor the subject on a case-by-case basis in compliance with licensing guidelines.
   - The term "orientation" was exchanged with "education" to express more of an ongoing process.

   MOTION #6: Adopt the Residential, Transitional Standards of Care, as revised and presented ***(Passed by Consensus)***.
3. ***Medicare Part D Implementation****:* Dr. Younai called attention to the February 7th SOC report recommendations to the Commission, the January 11th National Senior Citizens Law Center (NSCL) and training information in the packet. Mr. O'Brien led the discussion.
   - Mr. O'Brien noted the NSCL letter was compiled based on experience with the first weeks of Part D. He asked for review of the letter to elicit issues not already identified. Common problems reported to date involved the system not recognizing someone or hotlines failing.
   - Many pharmacies, already experienced in working with various plans, were key in helping clients get care.
   - He noted that transgenders must use their legal names. Medi-Cal was able to work around that, but Medicare interfaces with Social Security databases.
   - The Medi-Medi population with a share of cost is suffering the greatest number of errors. Errors include not being recognized by plans, being recognized by the wrong plans or not being recognized as having a low-income subsidy. While policy was addressed to take care of this population, the practice has not been working well and will need additional time for correction.
   - There have also been problems with the system not recognizing people who have become eligible for Medicare after January. That can be a complex problem since ADAP and Medi-Cal will not accept Medicare-eligible individuals, even if the Medicare system is not recognizing the person. At the same time, the person might be charged a Medicare premium.
   - Of recommendations in the NSCL letter, CMS has already authorized state Medicaids to pay for drugs. Medi-Cal will pay the share of cost.
   - Mr. Ballesteros said he was developing familiarity with the medication aspect of the Medicare program but, because ADAP is no longer covering the share of cost, people are going to clinics and being told a variety of things by their

providers. For example, they may be told they need to pay their share of cost before seeing their physician or they need to be responsible for the visit cost plus laboratory costs. Not all of these clients are receiving CARE Act-funded services, but do receive care through Medicaid or Medicare at clinics mostly funded by the CARE Act. He requested information from OAPP regarding those kinds of problems and what information providers might receive on how to counsel such clients.

- Ms. Broadus called attention to page 3 of the SOC memorandum, Recommended Strategy #10 and #11, asking for additional funding for medical outpatient and oral health services. She noted MAI funds are currently being used in these categories and she expressed concern at more funds being allocated from that source. Mr. Vincent-Jones noted that allocations had already been voted, and that the recommendations only counsel Commissioners to keep Medicare Part D consequences in mind during their participation in the upcoming priority- and allocation-setting process.
- Mr. Engeran noted that legislators reported this issue as the number one concern in their districts. Feedback is reaching them and should be continued.
- Mr. O'Brien commented that Medicare Part D was developed as a market-based program. The biggest driver in such a program is the consumer, so it is important for plans to be evaluated as they come on the market and ensure the community gets information about the best plans.
- Ms. DeAugustine said she understood the State was extending coverage for sixty days and is planning to go to Washington to emphasize getting problems fixed. She said the Commission should help them in any way possible since some 38 states have already found it necessary to provide interim coverage. Mr. O'Brien agreed with helping the State where possible, but emphasized that eligible clients should be helped into Medicare as quickly as possible.
- Mr. Butler said he had had problems primarily with weight maintenance and hormone medications. His grievance process has directed him to directly contact CMS and they, in turn, have told him to contact California Health Advocates. He asked if there were a central place he could contact. Mr. O'Brien said there was no central resource right now. He noted that Anne Donnelly, Project Inform, is collecting and forwarding such issues. Mr. Land said SPA 3 CAB consumers have raised several issues, as well. He noted that Kaiser has also changed its policy to allow home administration of hormones and steroids.
- Mr. Orozco said he received three prescriptions from his physician, but his pharmacy wanted $45 dollars each for them. The pharmacy said the medications were not covered in the formulary. Yet he also received an insurance bill for $49 dollars. Mr. O'Brien said such problems were common, and agreed to assist Mr. Orozco privately.
- Some of the Commission recommendations have been activated. For example, some trainings have been held. However, one-on-one benefits counseling seems most effective. SOC is addressing that through the Benefits Specialty standard.
- Ms. Broadus called attention to page 2 of the SOC memorandum, Recommended Strategy #4. She noted it said SOC would "present a plan of how to address the remaining 'client advocacy' component". Client advocacy was on the radar screen, she said, largely as a result of the Minority AIDS Initiative (MAI) Subcommittee, yet she has yet to see any activity other than a directory that is not widely distributed in the community. At the same time, a new category, Benefits Specialty, has been developed while client advocacy has been referred to the Executive Committee. She asked for clarification of this process.
- Mr. Vincent-Jones replied that the development of the new Benefits Specialty standard of care demonstrates the responsiveness of the process. Because of the complexity of the material, the overarching client advocacy subject has been increased from one generic standard to more developed ones. The discussion of those standards, he noted, would be most fruitful when they actually come forward for review.
- Ms. Broadus said data is still showing a lack of information among minorities and women about eligibility and service, as well as a variety of access issues. She felt these client advocacy issues were critical and the Commission needed to ensure that they are not put on the back burner.
- Mr. Hamilton said he was on the Client Advocacy expert review panel, and that it had been a long and complex process. The panel felt that only the Benefits Specialty component was sufficiently developed to form a standard. Other aspects of the category were scattered in disparate areas, for example, some activities are already reflected in case management. He said the panel had expressed the need to have both specialists who can walk clients through all forms of benefits and advocates who can work with clients. There was simply not sufficient information to clearly define the latter.

4. ***Rate Studies***:
   - Mr. Braswell indicated the memorandum on this process. Mr. Engeran called attention to the list of roles and responsibilities to which the Commission proposes to restrict itself, specifically the sixth bullet point regarding,

"'Acceptance' (but not approval or adoption) of the rate studies, if so desired." He felt such subjects were best addressed with as much specificity as possible and was not certain what "acceptance" actually meant.

- Mr. Vincent-Jones said the Commission has "approved", "adopted" and "accepted" items in the past, but has not specifically defined the terms. Within the context of this proposed responsibility, the Commission could "accept" a rate study if it wanted the study presented but did not want to approve or adopt it. "Accepted" would mean the study had been heard, but not acted upon. It is in quotation marks because the Commission does not now have a formal definition of the term. Mr. Stewart said the sentiment would most commonly be expressed as a motion "to receive and file." It was agreed by consensus to change the language accordingly.
- Mr. Engeran asked what would be the appropriate response if a standard were articulated in a rate study that the Commission felt did not conform to its own standard of care. Dr. Younai noted the means to make that point will be articulated in the MOU.
- Mr. Butler said he understood the Commission does not have procurement authority, but was concerned about how the "receive and file" process affects the Commission's Ordinance responsibility to advise the Board on matters pertaining to HIV. Mr. Vincent-Jones said that if the Commission addresses the other responsibilities delineated, but expresses dissatisfaction with a report being presented, the Commission would essentially be saying, "We don't like the rates." It would not refer to anything but the rates because the standards would already have been incorporated and the methodology would be one with which the Commission had already agreed. Rates are, however, a procurement issue prohibited by HRSA and considered to constitute conflict of interest for the Commission by County Counsel.
- Mr. O'Brien suggested changing "rate studies" in that sixth bullet to "rates" in order to clarify that methodology is still subject to approval. Mr. Vincent-Jones noted that, as reports are submitted as a whole, a process would need to be developed to single out rates in a report when necessary. He added that it could be done. It was agreed by consensus to change the language from "rate studies" to rates".
- Mr. Pérez suggested three areas of Commission review: 1) defining a service, primarily through the standard of care; 2) reviewing the rate development methodology; and, 3) the comparatively grey area of the rate itself which raises issues of conflict of interest. One approach could be for the Commission to: 1) endorse the service description to ensure it is consistent with the standard of care; and, 2) to review the rate methodology for soundness, without addressing the actual rate.
- Mr. Pérez used the Geographic Estimate of Need (GEN) as an example. GEN is used to allocate resources across the eight SPAs. Most people understand and accept what feeds that formula. Some people, however, may not like that SPA 4 has 26% of the GEN based on OAPP data. Liking or disliking that SPA 4 has 26% of the GEN is different than endorsing the three factors that contribute to determining the GEN.
- Mr. Pérez suggested an option in Commission presentations. The service description and rate development methodology could be presented in their entirety but, initially, not the rates. Methodology questions could be addressed and resolved first. Then rates can be presented as an outcome of services and methodology.
- Mr. Vincent-Jones said he wanted to distinguish two issues: 1) The current rate study that has not yet been seen, and 2) the process being developed for future rate studies. The current process began when there were no standards and the Commission was newly independent. Medical Outpatient, then, was handled in a different way than the SOC envisions for future rate studies. Going forward, the Commission would review the service description and methodology at the beginning of the process rather than a year down the road when the rate study has been conducted.
- Ms. Jackson said providers and consumers have not had sufficient input in the process. She claimed that providers were invited to a meeting at which they were primarily spoken to, she said, rather than encouraged to participate. She also expressed concern that there was no place for public input until the process was complete. She said the Commission's input was also disregarded. She said the Residential Rate Study was done in a similar fashion, which has led to it being ignored rather than utilized. She finds the process troublesome. Ms. Watt said she had participated in the Substance Abuse Rate Study, which had lots of input. Mr. Land noted that Commissioners had an opportunity to submit their concerns in response to the residential rate study when the study first came forward. He submitted written comments to OAPP. Ms. Jackson clarified that she had been referencing the Medical Outpatient Rate Study, which did not.
- Mr. Pérez offered a point of clarification. He noted there was a difference between the methodology to develop rates and the rate study review process. Only OAPP has seen the rate development methodology to date. OAPP intends to have a review process to complement some other review processes and opportunities for input from several local providers through focus interviews.

MOTION #6A: Adopt "Recommendations for the Commission's Role and Responsibilities in the Rate Study Process" memorandum with the following revisions: Replace "Accept" with "Receive and file (but not approve or adopt) the rates, if so desired," and replace "rate studies" with "rates" ***(Passed by Consensus)***.
MOTION #6B: Bring the above discussed matter to the MOU Subcommittee for further action ***(Passed by Consensus)***.

B. Recruitment, Diversity and Bylaws (RD&B) Committee:

1. ***Member Application: Gilbert Varela, MD:*** Mr. Butler brought forward the nomination for approval.
   MOTION #7: Nominate Gilbert Varela, MD, MBA to fill the Commission's Primary Care Provider seat and forward his application to the Board of Supervisors for appointment ***(Passed by Consensus)***.
2. ***Member Duty Statements***: Mr. Butler said the Committee had not been able to finalize the remaining duty statements for this meeting, but planned to open them for public comment in the following months.
3. ***Miscellaneous***:
   - Mr. Butler reminded committees to elect their new co-chairs if they have not done so already.
   - Calling attention to the roster at the beginning of the packet, he said that by March the RD&B will begin the process of gathering and preparing applications to fill seats for which terms expire in June 2006. He noted that, in order to create the new staggered term structure, half of Commissioners were placed on the new standard two-year seats but the other half were placed on transitional one-year seats that are now expiring. People whose seats are expiring, but who wish to remain on the Commission, will need to submit an application.
   - Regarding composition of the Commission, Mr. Butler said there is a serious need for consumer Latino/as. He encouraged Commissioners to mentor potential nominees, bringing them to meetings and helping with applications. The Commission is falling below its HRSA consumer requirement among Latino/as.
   - Ms. Broadus said she had asked last month for a discussion of term limits as they pertain to co-chairs and asked for an update. Mr. Butler said the issue was on the agenda for the RD&B's next meeting.

C. Public Policy Committee:

1. ***SB 699: Name-Based HIV Reporting***: Mr. Engeran reported that the bill had passed the Senate and would be taken up by the Assembly in March.
2. ***CARE Act Reauthorization***:
   - Mr. Engeran suggested that the Washington delegation emphasize to legislators that the Commission and the eight other California planning councils have come out with consolidated statement.
   - Ms. Schwartz called attention to both a Latino AIDS Action letter and a New York State Department of Health response to the Southern AIDS Coalition's proposal to revise how HIV/AIDS funding is distributed. She recommended people review the material, especially since the Southern AIDS Coalition takes a number of positions not consistent with most people's evaluation of approaches in the best interests of California.
   - Mr. Page asked if the elimination of planning councils was still being considered. Mr. Engeran said specific language was not yet available. Rumors range the gamut of possible outcomes.
3. ***Miscellaneous***:
   - Ms. Schwartz noted that President Bush has sent his budget proposal to Congress. It included: $90 millionn in additional funds for the purchase and distribution of rapid tests; $70 million in additional funds to eliminate ADAP waiting lists in those states that have them; $25 million to increase outreach by community nonprofit and faith-based programs; and, $14 million in additional funds for HOPWA. The proposal also cuts Medicaid by $4.5 million over five years and cuts HIV/AIDS research by $15 million.

D. Finance Committee: Mr. O'Brien thanked Ms. Bailey for her work as co-chair.

1. ***Financial Reports***:
   - Mr. O'Brien called attention to the Title I Expenditures for Grant Year 15, ending February 28th. While it shows an apparent deficit of about $2.4M, that figure essentially represents funds anticipated from other funding sources. The Committee will be working to better understand the sources and maximization possibilities of such funds.
   - The Title II Expenditures for Grant Year 15 will go forward until the end of March. It is anticipated that all funds will be utilized.
2. ***Miscellaneous:*** Mr. O'Brien said committee budget reports were due. The Finance Committee will review them at their next meeting and prepare reports for any committees that have not.

E. Priorities and Planning (P&P) Committee:

1. ***Priority- and Allocations-Setting Process:***
   - Mr. Land said the Committee did not meet last month, but will meet twice in February to address needs assessment. The first meeting will be Monday, February 13th, from 2:00 to 5:00 p.m. The second will be the regular monthly meeting, also from 2:00 to 5:00 p.m., on February 21st. Input from other Commissioners and the public is always valued.
   - He called attention to a list of HRSA service definitions in the packet. Each year there are discussions about what is coverable under various categories. The list is being provided so that each Commissioner has the opportunity to become familiar with HRSA's definitions before subsequent Commission meetings.

F. Ad Hoc Strategic Planning Committee: There was no report.

XVII. ANNOUNCEMENTS:

- Mr. Vincent-Jones recalled that Los Angeles County had been in discussions with HRSA regarding its response to HRSA for one of the Conditions of Award. OAPP continued to advocate with three letters to date. But, since there has not been an appropriate response, the Commission is collaborating with OAPP to prepare a letter to escalate the issue.
- Mr. Land asked for positive thoughts on behalf of Jocelyn Woodard, SPA 1, who is in Lancaster Community Hospital.
- Mr. Vrooman said that Being Alive South Bay will be offering confidential and anonymous HIV testing, as well as a range of other STD tests, on Tuesday, March 7th, from 2:00 to 6:00 p.m. This is an effort to increase testing in the South Bay area. The Health Department will have its van at the site.

XVIII. ADJOURNMENT: Mr. Braswell adjourned the meeting at 12:35 p.m.

A. Roll Call: End-of-the meeting roll call was not taken.

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the agenda order, with Commission Comment moved prior to the Agenda and possible delay of the OAPP Report pending arrival of reporting staff.	***Passed by Consensus***	**MOTION PASSED**
MOTION #2: Approve the minutes from the January 12, 2006 Commission on HIV meeting with corrections as noted.	***Passed by Consensus***	**MOTION PASSED**
MOTION #3: Dissolve the Ad Hoc Strategic Planning Committee, as recommended, and move remaining responsibilities to the Priorities and Planning Committee.	***Passed by Consensus***	**MOTION PASSED**
MOTION #4: Extend the March 9, 2006 Commission meeting to a full-day meeting.	***Ayes:*** *Ballesteros, Butler, Carter, Chavez, Crews-Rhoden, DeAugustine, Engeran, Goodman, Hamilton, Land, Long, Orozco, Palmeros, Pérez, Skinner, Younai, Bailey, Braswell* ***Noes:*** *Broadus, Giugni, Griggs, Nolledo, O'Brien* ***Abstentions:*** *Kaplan*	**MOTION PASSED** **Ayes**: 18 **Opposed**: 5 **Abstentions**: 1
MOTION #5: Adopt the Residential, Permanent Standards of Care, as revised and presented.	*Ayes: Aguilar, Ballesteros, Broadus, Butler, Carter, Chavez, Crews-Rhoden, DeAugustine, Engeran, Griggs, Hamilton, Kaplan, Land, Long, McCoy, O'Brien, Orozco, Palmeros, Perez, Schwartz, Signey, Skinner, Younai, Bailey, Braswell* ***Noes:*** *Giugni, Goodman* ***Abstention:*** *Farias, Nolledo*	**MOTION PASSED** **Ayes**: 25 **Opposed**: 2 **Abstention**: 2
MOTION #6: Adopt the Residential, Transitional Standards of Care, as revised and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #6A: Adopt "Recommendations for the Commission's Role and Responsibilities in the Rate Study Process" memorandum with the following revisions: Replace "Accept" with "Receive and file (but not approve or adopt) the rates, if so desired," and replace "rate studies" with "rates."	***Passed by Consensus***	**MOTION PASSED**
MOTION #6B: Bring the above discussed matter to the MOU Subcommittee for further action.	***Passed by Consensus***	**MOTION PASSED**
MOTION #7: Nominate Gilbert Varela, MD, MBA to fill the Commission Primary Care Provider seat and forward his application to the Board of Supervisors for appointment.	***Passed by Consensus***	**MOTION PASSED**